#### Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services <u>MUST</u> be included on the invoice.

## Dept of Health

Supplier: 0000221645 HEARTBEAT OF TOLEDO INC 4041 W SYLVANIA AVE STE LL4 TOLEDO OH 43623

Ship To: Dept of Health

P003574 ABUL BASHER P.O. Box 118 (614) 466-3543

Columbus OH 43216-0118

**United States** 

Bill To: Dept of Health

P.O. Box 118 (614) 466-3543

Columbus OH 43216-0118

**United States** Line-Sch Quantity MOU **Unit Price** Due Date Extended Amt 1- 1 AMT 670 670.00 Eligible organization shall receive Choose Life funds for the material and training needs of pregnant women who are planning to place their children for adoption, etc. Details are as per signed award letter Schedule Total 670.00 Item Total 670.00

CONTRACT NO. 4582/DYANE GOGAN TURNER/KWULFF@HEARTBEATOFTOLEDO.ORG

CART APPROVED 10/14/15

**Total PO Amount** 

670,00

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head
Richard Hodges, MPA
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.

O'V

## OHIO DEPARTMENT OF HEALTH

246 North High Street Columbus, Obio 43215

614/466-3543 www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Kali Wulff, Development Director Heartbeat of Toledo 4041 W. Sylvania Ave, Ste LL4 4041 Sylvania Ave, Ste LL4

Tax ID:

Dear Ms. Wulff:

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

Lucas

520

Wood

150

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$670.00 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Sincerely

Director of Health

# OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND SFY15 DISTRIBUTION APPLICATION

interested Organizations: This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

"Organization"	Heartbeat of Toledo
Faderal Tax ID Number	
Street Address	4041 W. Sylvente Ave, Suris LL4
City, State Zip code	Toledo, Ohio 43629
County of Location Providing Services (One Application Per Location)	Lucas County
Address where ODH should Direct Payment	4041 W. Sylvania Ave, Suite LL4, Toledo Ohio 43623
Contiguous Counties of Service This location serves women from the following counties:	Lucas and Wood counties
Name of Person and Title completing application	Kall Wulff, Development Director
Area Code/Phone Number	(419) 241-9131
Email	kwulff@heartbeatoftoledo.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
  - B. is a private, nonprofit organization:
  - C. Is committed to counseling pregnant women about the option of adoption;
  - Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or proabortion advertising;
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. Contiguous Countles of Service. If Organization is applying for Choose Life funds that may be available in contiguous countles then Organization certifies that it provides services to pregnant women residing in those countles that are listed as "Contiguous Countles of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous countles if there are no eligible organizations located within those countles.
- IV. By June 1, 2015, If Organization received funds for state fiscal year 2015 (July 1, 2013–June 30, 2015), then Organization must submit the following with this Application:
  - A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
    - Notarized Financial Statement Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
    - Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
  - B. As well as a new <u>Vendor Information Form</u> (if Organization has moved).

- V. By June 1, 2015, new applicants must submit the following:
  - A. One (1) original, signed <u>W-9 form</u> per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be malled; and
  - B. Completed Vendor Information Form; and,
  - C. Completed Direct Deposit Form (optional).
- VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015—June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2018 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/12/15

Date

Signature of Person Completing Application

Kali Wulff, Development Director

[Print Name & Title]

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC

Ohio Department of Health

Bureau of Maternal and Child Health

246 North High Street, 6th floor, Columbus, OH 43215
614.644.6560

Dyane, Goganturner@odh.ohio.goy

#### **Purchase Order**

Payment Provision: The purchase order number authorizing the delivery of products or services <u>MUST</u> be included on the invoice.

### **Dept of Health**

Supplier: 0000221645 HEARTBEAT OF TOLEDO INC 4041 W SYLVANIA AVE STE LL4 TOLEDO OH 43623

	Dispatch via F	?rint
Purchase Order	Date Revision	Page
DOH01-000004293		1
Payment Terms	Freight Terms	Ship Via
Net 30	FOB Destination, Prepaid	N A
	Phone	Currency
ABUL BASHER		USD

Dept of Health P003574 Ship To:

**ABUL BASHER** P.O. Box 118

(614) 466-3543 Columbus OH 43216-0118 United States

Bill To:

Dept of Health P.O. Box 118 (614) 466-3543 Columbus OH 43216-0118

				United States	10-0110	
Line-Sch	Quantity	UOM		Unit Price	Extended Amt	Due Date
1- 1	1	AMT	Eligible organization shall receive Choose Life funds for the material and training needs of pregnant women who are planning to place their children for adoption, etc. Details are as per signed award letter	670	670.00	
			Schedu	le Total	670.0	10
			item To	lai	670.0	00
CONTRACT	NO. 4582/DY	ANE GOGAI	N TURNER/KWULFF@HEARTBEATOFTOLEDO.	ORG		
CART APPRO	OVED 10/14/1	5				

**Total PO Amount** 

670.00

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head Richard Hodges, MPA Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.





## OHIO DEPARTMENT OF HEALTH

246 North High Street Columbus, Obio 43215

614/466-3543 www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Kali Wulff, Development Director Heartbeat of Toledo 4041 W. Sylvania Ave, Ste LL4 4041 Sylvania Ave, Ste LL4

Tax ID:

Dear Ms. Wulff;

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

Lucas

520

Wood

150

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$670.00 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Sincerel

Richard Houges, MP Director of Health

# OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND SFY15 DISTRIBUTION APPLICATION

interested Organizations: This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

ODH and Organization Information.

"Organization"	Heartbeat of Toledo
Federal Tax ID Number	
Street Address	4041 W. Sylvense Ave, Suste LL4
City, State Zip code	Tolsdo, Ohio 43623
County of Location Providing Services (One Application Per Location)	Lucas County
Address where ODH should Direct Payment	4041 W. Sylvania Ave, Suite LL4, Toledo Ohio 43623
Contiguous Counties of Service This location serves women from the following counties:	Lucas and Wood counties
Name of Person and Title completing application	Kali Wulff, Development Director
Area Code/Phone Number	(419) 241-9131
Email	kwulff@heartbeatoftoledo.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
  - B. is a private, nonprofit organization:
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or proabortion advertising;
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. Contiguous Counties of Service. If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. By June 1, 2015, if Organization received funds for state fiscal year 2015 (July 1, 2013–June 30, 2015), then Organization must submit the following with this Application:
  - A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - 1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
    - Notarized Financial Statement Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
    - Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
  - B. As well as a new Vendor Information Form (if Organization has moved).

- V. By June 1, 2015, new applicants must submit the following:
  - A. One (1) original, signed <u>W-9 form</u> per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
  - B. Completed Vendor Information Form; and,
  - C. Completed Direct Deposit Form (optional).
- VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015—June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/12/15

Date

Signature of Person Completing Application

Kali Wulff, Development Director

[Print Name & Title]

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC

Ohio Department of Health

Bureau of Maternal and Child Health

246 North High Street, 6<sup>th</sup> floor, Columbus, OH 43215
614.644,6560

Dyane.Gogantumer@odh.ohio.gov



## Certified Search for Unresolved Findings for Recovery



Office of Auditor of State 88 East Broad Street Post Office Box 1140 Columbus, OH 43216-1140 (614) 466-4514 (800) 282-0370

## **Auditor of State - Unresolved Findings for Recovery Certified Search**

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

#### **Contractor's Information:**

Organization: Heartbeat of Toledo Inc.

Date: 12/11/2015

This search produced the following list of possible matches:

#### 7 Possible matches were found

Name/Organization	Address
Heath, Michael	3757 Chapman Road Delaware, OH 43015
Heath, Val	3757 Chapman Road Delaware, OH 43015
Rhea, Shalan	
Rhea, Monica	1049 Walton Ave. Dayton, OH 45407
Rhea Academy Community School	
Rhea-Byrd, Rhonda	
Whealdon, Annette	221 East Main Street, PO Box 8 Byesville, OH 43723

About News Contact Us Site Map f 💟 🔤 🗊 🔯

finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

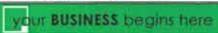
Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

## Jon Husted Ohio Secretary of State



Jon Husted & the Office | Elections & Voting | Campaign Finance | Legislation & Ballot Issues | Businesses | Records | Media Center | Publications

## **Business Filing Portal**



Business Search

o and read to a second

#### **Corporation Details**

	Corporation Details		
Entity Number	438060		
Business Name	HEARTBEAT OF TOLEDO, INC.		
Filing Type	CORPORATION FOR NON-PROFIT		
Statue	Active		
Original Filing Date	04/11/1973		
Expiry Date	09/23/2016		
Location: TOLEDO	County: LUCAS	State: OHIO	

#### Agent / Registrant information

MICHAEL J. TODAK 5800 MONROE ST. BLDG. F SYLVANIA,OH 43560 Effective Date: 09/23/2011 **Contact Status: Active** 

#### Incorporator Information

JOHN C WASSERMAN

: Filings		
Filling Type	Date of Filing	Document Number/Image
DOMESTIC ARTICLES/NON-PROFIT	04/11/1973	8873_1474
CERTIFICATE OF CONTINUED EXISTENCE	06/06/1978	E428_1553
LETTER/RENEWAL NOTICE MAILED	10/18/1985	000000390114
CERTIFICATE OF CONTINUED EXISTENCE	11/15/1985	E779_1973
LETTER/RENEWAL NOTICE MAILED	07/20/1990	000000390115
CERTIFICATE OF CONTINUED EXISTENCE	08/06/1990	G929_1208
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	08/06/1990	G929_1208
LETTER/RENEWAL NOTICE MAILED	05/03/1995	000000390116
CANCELED/FAILURE TO FILE/STATEMENT CONT. EXISTENCE	09/05/1995	000000390117
DOMESTIC/REINSTATEMENT	08/30/2006	200624202168
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	09/25/2008	200626802522
DOMESTIC/AMENDMENT TO ARTICLES	12/29/2006	200700402068
TRADE NAME/ORIGINAL FILING	05/13/2011	201113601175
TRADE NAME/ORIGINAL FILING	05/13/2011	201113601176
LETTER/RENEWAL NOTICE MAILED	08/30/2011	201124205199
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	09/23/2011	201127000983
CERTIFICATE OF CONTINUED EXISTENCE	09/23/2011	201127000984

Return To Search Page | Return To Search List | Printer Friendly Report

<u>Debarred Vendors</u> - The following companies and officers have been debarred. In addition, the vendors have been debarred from participating in the bidding process or receiving materials from Ohio Department of Transportation, Office of Contracts, Purchasing Services Section.

All Controls Co	rporation
Debarment Begins: January 13, 2012	Permanently Debarred
Bright Chemical and	Lighting, inc.
Debarment Begins: January 13, 2012	Permanently Debarred
North Shore Commercial	Door Company, Inc.
Debarment Begins: January 13, 2012	Permanently Debarred
Nozzie New	, inc.
Debarment Begins: January 13, 2012	Permanently Debarred
Quattro, I	ne
Debarment Begins: July 2, 2013	Permanently Debarred
West Shore New H	olland, Inc.
Debarment Begins: January 13, 2012	Permanently Debarred

<u>Debarred Contractors</u> - The following companies and officers have been permanently debarred. In addition, the company may not participate in the construction bidding process or receive materials from the Office of Contracts, Contractor Qualifications Section.

Charter Contracting Corp - 15	i2 12th St, Suite B, Campbell, OH 44405
Federal ID: 26-3139843	Officers: Alan Dirienzo
Begin Debarment: April 3, 2014	Permanently Debarred
	TesTech
Federal ID: 31-1504947	Officers: David C. Oakes, Shery B. Oakes, Sherif A. Aziz
Begin Debarment: February 7, 2014	Permanently Debarred
Northern Sta	tes Industrial Painting
Federal ID: 34-1953447	Officers: Gust Kafas
Begin Debarment: January 29, 2004	Permanently Debarred
Northern Sta	tes Industrial Painting
Federal ID: 31-1526908	Officers: Larry Frangos
Begin Debarment: Ocotber 4, 2004	Permanently Debarred
Smith & Johnso	n Construction Company
Federal ID: 31-1193721	Officers: Robert J. Johnson aka Jeff Johnson
Begin Debarment: March 5, 2007	Permanently Debarred
Atlas Ce	Intral Corporation

Federal ID: 34-0847157	Officer: Bill Pontikos	
Begin Debarment: November 22, 2005	Permanently Debarred	

Debarred Individuals - The following individuals are permanently debarred from participating in any contract with the Ohio Department of Transportation. In addition, they may not participate in the construction bidding process or receive materials from the Office of Contracts, Contractor Qualifications Section. Alan Joseph Dirienzo Residential Address: Campbell, OH 44405 Mailing Address: Begin Debarment: April 3, 2014 End Debarment: April 3, 2015 David C. Oakes Residential Address: Dayton, OH Malling Address: Begin Debarment: February 7, 2014 **Permanently Debarred** Sherry B. Oakes Residential Address: Dayton, OH Mailing Address: Begin Debarment: February 7, 2014 **Permanently Debarred** Sherif A. Aziz Residential Address: Dayton, OH Malling Address: Begin Debarment: February 7, 2014 Permanently Debarred Robert J. Johnson aka Jeff Johnson Residential Address: 1 Mironova Place, Suite 2325, Columbus Mailing Address: 885 Grandview Avenue, Suite 270, OH 43215 Columbus, OH 43215 Begin Debarment: March 5, 2007 **Permanently Debarred Gust Kafas** Residential Address: 11056 Jasmine Ct, Strongsville, OH 44136 Begin Debarment: January 29, 2004 **Permanently Debarred George Ginnis** Residential Address: 5752 Webb Road, Youngstown, OH Mailing Address: 492 Harmony Lane, Campbell, OH 44405-1213 Begin Debarment: September 9, 2004 Permanently Debarred **Larry Frangos** Address: 4950 Kennedy Road, Lowellville, OH 44436-9527 Address: 5752 Webb Road, Youngstown, OH 44515 Begin Debarment: October 8, 2004 Permanently Debarred Mark O'Donnell Address: 157 Abbe Road South, Elyria, OH 44035 Begin Debarment: October 16, 2008 Permanently Debarred Robert Jones, Jr. Address: 10375 Misty Ridge, Concord, OH 44077 Begin Debarment: October 16, 2008 **Permanently Debarred James Bright** Address: 5300 Wiltshire Rd., North Royalton, OH 44133 Begin Debarment: October 16, 2008 **Permanently Debarred** Christian (Chris) Hilty Address: 7075 Rocker St., Chagrin Falls, OH 44023 Begin Debarment: October 16, 2008

**James Hartory** 

Permanently Debarred

Address: 10545 Locust Grove, Chardon, OH 44024	
Begin Debarment: October 16, 2008	Permanently Debarred
Richard	Goldizen
Address: 3060 Red Oak Dr. Perry, OH 44081	
Begin Debarment: October 16, 2008	Permanently Debarred

Federal ID: 34-1838967	Officer: Jim Lehner
ilm's Iron & Metal Inc. — 413 Hensley Ave. Gallon, OH 448	
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
Federal ID:	Officer: Robert Jones Jr.
JEL idealease	
Begin Debarment: November 1, 1998	End Debarment: November 1, 1999
Federal ID: 34-1516980	Officer: Harvey Jordan
J & S Landscape Co 20475 Farnsleigh Rd. #114, Cleveland	d, OH 44122
Begin Debarment: April 13, 1998	End Debarment: April 13, 2001
Federal ID: 34-1750624	Officers: David Jones, Jack H. Ware, Jr.
Jones Janitorial 2023 Belmont Ave. (PO Box 1753) Youngst	
Begin Debarment: January 26, 1998	End Debarment: January 26, 2001
Federal ID: 34-1819040	Officer: Kevin J. Zayas
Flasher Safety 4589 Manufacturing Rd., Cleveland, OH 4413	
	End Debar: May 26, 2014
r.smo iran	
FTD inc "Fran	k T. Destro Inc"
	End Debar: April 22, 2014
Eicho International Inc - 3/048 L	akeshore Blvd, Eastlake, OH 44095
Plaka batamatlanal Ing. 07040 l	End Debar: April 22, 2014
	Ford Dollary Appli 00, 004.4
Custom Powder Coating - 7734	Associate Ave, Brooklyn, OH 44144
Begin Debarment: June 1, 1998	End Debarment: June 1, 2001
	Jack H. Ware, Jr.
Federal ID: 31-1114370	Officers: Brenda K, Ware, Phyllis B. Ware, Paul V. Ware, Si
Brothers Construction (Company of Columbus Inc) — 2090 L	
	End Debar: April 22, 2014
Dadoi Ni	
	echanical
Debarment Begins: November 23, 2005	Debarment Ends: November 23, 2007
Federal ID: 20-0238605	Officers: Paul Woods and any other partners or owners
3.P. Contracting & Services - 745 Worthington Forest Pl, Coli	
	End Debar: April 22, 2014
Advanced Gas & Welding - 16	62 E 361 St, Eastlake, OH 44095
Advanced Gas & Welding - 16	62 E 361 St, Eastlake, OH 44095

Begin Debarment: January 26, 1998	End Debarment: January 26, 2001	
<b>Jones Equipment, Inc.</b> – 431 Richmond St, Painesville, Ol		
Federal ID:	Officer: Robert Jones Jr.	
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012	
Jordan's Janitorial LLC - 806 Sonora Ct, Englewood, OH		
Federal ID: 31-1580513	Officer: Bonita Jordan	
Begin Debarment: December 15, 2003	End Debarment: December 15, 2006	
Kent Winter		
Address: 1900 Joseph Lloyd Prkwy, Wiloughby, OH 4409		
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012	
L & K Industrial Painting Contractors, Inc 3186 West 2		
Federal ID: 34-1779109	Officer: Manual G. Kafas	
Begin Debarment: April 29, 1999	End Debarment: April 29, 2002	
Lake Truck Sales and Service, Inc 431 Richmond St, F		
Federal ID:	Officer: Robert Jones Jr.	
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012	
MPG Painting 481 Harmony Lane, Campbell, OH 44405		
Federal ID: 31-1789573	Officer: Dimitros Dovas	
Begin Debarment: January 6, 1998	End Debarment: January 6, 2001	
Mainte	nance Masters	
	End Debar: May 26, 2014	
Marek Land Company - 9965 Da	arrow Rd Apt 111F, Twinsburg, OH 44087	
Mild American Charles Control of the	End Debar: April 22, 2014	
Mid-American Cleaning Contractors 447 N. Elizabeth, P		
Federal ID: 34-1673766	Officer: Ken Piercefield	
Begin Debarment: June 11, 1999	End Debarment: June 11, 2000	
Midwest Hardware & Supply, Inc. – 3645 Warrensville Cer		
Federal ID: 34-1879539	Officer: Leroy Wayne	
Begin Debarment: November 9th, 1999	End Debarment: November 9th, 2002	
Pogonowski Plumbing - 6675 F	Rochelle Blvd, Parma Heights, OH 44130	
	End Debar: April 22, 2014	
Pini Pastoration & Waterproof	1068 Elmwood Dr, Macedonia, OH 44056	
Killi Kestolatioli di Waterproof -	1000 Elitwood Di, Macedonia, On 44030	
	End Debar: April 22, 2014	
TDT Electric dba Taylor Electric, Inc. – 118 Maple Ave., B		
Federal ID: 34-1637043	Officers: Thomas D. Taylor, Patricia A. Taylor	
Begin Debarment: July 30, 1998	End Debarment: July 30, 2001	
	3 Pineneedle Dr, Mentor, OH 44060	
i raditional Building - 52/	Trinondulo Di, Montoi, Oli Tropo	
	End Debar: April 22, 2014	
Trench	ning Unlimited	

Tri-County Janitorial Inc		
Federal ID: 31-1604273		
Begin Debarment: June 25, 2003	End Debarment: June 25, 2006	
Winter Equipment 1900 Joseph Lloyd Pkwy, Willoughby, O	H 44094	
Federal ID:	Officer: Kent Winter	
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012	



USER NAME	PASSWORD	
		LOGIN
Porgot Username?	Forgot Password?	
		Create an Account

HOME SEARCH RECORDS

DATA ACCESS

GENERAL INFO

HELP

#### Search Results

- Your search results represent the broadest set of records that match your search criteria. You may get entity registration records that are still in progress or
  have been submitted, but not yet activated. Check the status of each record.
- Of note, some entities choose to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search.

  You can only see them if you log in as Federal Government user.
- You can refine your search results. If you used the Quick Search, select the search filters on this page. If you used one of the Advanced Search options, select
  the Edit Search button.
- If you want to perform a new search, use the Clear button to remove your current search results. If you are logged in with your SAM User Account, you can
  save your search criteria to run again later using the Save Search button.
- NOTE: Please read this important message when searching for exclusion records.

#### Current Search Terms: heartbeat\* of toledo\* Inc\* A but Swind 4. Glossary TOTAL REFURDS O Result page o of o SOFT by Modified Date Orther by Deser Search Results Entity No records found for current search. FILTER RESULTS Exclusion Search Filters By Record Status By Record Status Active By Functional Area - Entity Management ☐ Inactive By Functional Area - Performance By Functional Area Information ■ Entity Management Performance Information Apply Piles Note: Filters are case sensitive Result page o of o Capati Ratida

SAM | System for Award Management 1.0

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

IBM v1.P.40.20151201-1827 WWW9







## OHIO DEPARTMENT OF HEALTH

246 North High Street Columbus, Ohio 43215

614/466-3543 www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Kali Wulff, Development Director Heartbeat of Toledo 4041 W. Sylvania Ave, Ste LL4 4041 Sylvania Ave, Ste LL4

Tax ID:

Dear Ms. Wulff:

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

Lucas

520

Wood

150

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$670.00 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Sincerely,

Richard Hodges, MPA Director of Health

# OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND STY15 DISTRIBUTION APPLICATION

Interested Organizations: This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

"Organization"	Heartbeat of Toledo	
Federal Tax ID Number		
Street Address	4041 W. Sylvama Ave, Suite LLA	
City, State ZIp code	Toleda, Ohio 43829	
County of Location Providing Services (One Application Per Location)	Lucas County	
Address where ODH should Direct Payment	4041 W. Sylvania Ave, Suite LL4, Toledo Ohio 43823	
Contiguous Counties of Service This location serves women from the following counties:	Lucas and Wood countles	
Name of Person and Title completing application	Kali Wulff, Development Director	
Area Code/Phone Number	(419) 241-9131	
Email	kwulff@heartbeatoftoledo.org	

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization:
  - C. Is committed to counseling pregnant women about the option of adoption:
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
  - E. Does not charge pregnant women for any services received:
  - F. is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or proabortion advertising;
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. Contiguous Counties of Service. If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. By June 1, 2015, if *Organization received funds for state fiscal year 2015* (July 1, 2013–June 30, 2015), then Organization must submit the following with this Application:
  - A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
    - 2. <u>Notarized Financial Statement Form</u>. This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
    - Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
  - B. As well as a new Vendor Information Form (If Organization has moved).

- V. By June 1, 2015, new applicants must submit the following:
  - A. One (1) original, signed <u>W-9 form</u> per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
  - B. Completed Vendor Information Form; and,
  - C. Completed Direct Deposit Form (optional).
- VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funde, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/12/15

Date

Signature of Person Completing Application

Kali Wulff, Development Director

[Print Name & Title]

Application to be submitted to:
Dyane Gogan Turner MPH, RD/LD, IBCLC
Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6<sup>th</sup> floor, Columbus, OH 43215
614.644,6560

Dvane, Gogantumen@odh.ohio.gov